**CUSTOMER REGISTRATION PACK**

*Safe • Individual • Enriching Day Care*

| | |
|---|---|
| **Owner name** | |
| **Dog's name** | |
| **Trial date / time** | |
| **Regular day(s) requested** | |

Please complete this pack fully before your dog attends. If a question does not apply, write N/A rather than leaving it blank.

**BEFORE YOU RETURN THIS PACK**

☐ All required sections completed

☐ Current vaccination record provided

☐ Relevant veterinary/medical information provided

☐ Medication/allergy/behaviour information provided where applicable

☐ £30 Trial Day Package fee paid

Please read The Dog Lounge Customer Policy Pack, Terms & Conditions and Privacy Notice before signing. Admission remains subject to a successful Trial Day Assessment and ongoing suitability for group day care.

**1. Owner, Emergency Contact & Dog Details**

| **OWNER DETAILS** | |
|---|---|
| **Full name** | |
| **Address** | |
| **Postcode** | |
| **Mobile** | |
| **Email** | |
| **Preferred contact** | ☐ Call ☐ Text ☐ WhatsApp ☐ Email |
| **EMERGENCY CONTACT** | |
| **Name** | |
| **Relationship** | |

| | |
|---|---|
| **Telephone** | |
| **DOG DETAILS** | |
| **Dog's name** | |
| **Breed** | |
| **Date of birth / age** | |
| **Sex** | ☐ Male ☐ Female |
| **Neutered / spayed** | ☐ Yes ☐ No |
| **Colour** | |
| **Weight** | |
| **Microchip number** | |
| **Distinctive features** | |
| **Prohibited type / exemption** | ☐ No ☐ Yes — Details: |

**ATTENDANCE**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

| | |
|---|---|
| **Preferred drop-off** | |
| **Preferred collection** | |

**The Dog Lounge offers flexible hours between 7:00am and 6:00pm, with up to 9 hours of day care included. Owners may choose their preferred drop-off and collection times. Alternative hours may be accommodated by prior arrangement.**



**2. Veterinary, Health, Preventative Care & Medication**

| **VETERINARY DETAILS** | |
|---|---|
| **Veterinary practice** | |
| **Telephone** | |

| | |
|---|---|
| **Preferred vet** | |
| **Pet insurance** | ☐ Yes ☐ No |
| **Provider / policy no.** | |

☐ Current vaccination record / veterinary certificate provided

| **PREVENTATIVE TREATMENT** | |
|---|---|
| **Flea treatment** | Product / last given / frequency: |
| **Worming** | Product / last given / frequency: |
| **Tick prevention** | Product / last given / frequency: |

**HEALTH & MEDICAL HISTORY**

☐ No known medical conditions

| | | |
|---|---|---|
| ☐ Allergies | ☐ Food intolerance | ☐ Previous operation |
| ☐ Mobility issue | ☐ Sight/hearing impairment | ☐ Heart condition |
| ☐ Epilepsy | ☐ Arthritis | ☐ Diabetes |
| ☐ Skin/ear/eye condition | ☐ Anxiety | ☐ Other |

| | |
|---|---|
| **Details / veterinary restrictions** | |

**RECENT ILLNESS — LAST 14 DAYS**

| | | |
|---|---|---|
| ☐ None | ☐ Vomiting | ☐ Diarrhoea |
| ☐ Coughing | ☐ Sneezing | ☐ Eye/nasal discharge |
| ☐ Lethargy | ☐ Loss of appetite | ☐ Other |

**MEDICATION**

☐ No medication required ☐ Medication required

| | |
|---|---|
| **Medication name** | |
| **Reason / prescribed by** | |
| **Dosage** | |
| **Time(s)** | |
| **Method** | ☐ Oral ☐ With food ☐ Topical ☐ Eye/Ear ☐ Other |

| | |
|---|---|
| **Storage** | ☐ Room temperature ☐ Refrigerated ☐ Other |
| **Special instructions** | |

☐ YES — I authorise appropriately trained staff at The Dog Lounge to administer the medication above in accordance with my written instructions and applicable veterinary instructions.

**Medication will be checked by two authorised members of staff whenever reasonably practicable before administration.**

Some dogs rely on medication to manage ongoing medical conditions. If there is any uncertainty regarding medication, dosage, timing or administration, clarification must be sought as soon as possible.

Any clarification or changes to medication instructions must be provided in writing, such as by text message, email or written veterinary confirmation, and retained with the dog's records as evidence.

| | |
|---|---|
| **Owner name** | |
| **Owner signature** | |
| **Date** | |



### 3. Behaviour, Temperament, Handling & Daily Care

Please be completely open. Accurate information helps us choose safe groups, activities and handling for your dog.

| **HAS YOUR DOG EVER...?** | | |
|---|---|---|
| **Behaviour** | **Yes** | **No** |
| Bitten / attempted to bite another dog | ☐ | ☐ |
| Bitten / attempted to bite a person | ☐ | ☐ |
| Shown aggression / reactivity | ☐ | ☐ |
| Resource guarded food or toys | ☐ | ☐ |
| Escaped from a secure area | ☐ | ☐ |

| | | |
|---|---|---|
| Shown separation anxiety | ☐ | ☐ |
| Been excluded from another day care | ☐ | ☐ |
| Displayed significant fear / anxiety | ☐ | ☐ |
| Mounted other dogs excessively | ☐ | ☐ |
| Shown protective behaviour | ☐ | ☐ |

| | |
|---|---|
| **Details of YES answers** | |
| **Known triggers / things that upset your dog** | |
| **Stress signals you recognise** | |

**PERSONALITY & PLAY**

☐ Confident ☐ Friendly ☐ Playful ☐ Calm ☐ Excitable

☐ Nervous ☐ Shy ☐ Independent ☐ Affectionate ☐ Sensitive

**Play style:**

☐ Gentle ☐ Rough ☐ Chase ☐ Fetch

☐ Tug ☐ Independent ☐ Mixed

| | |
|---|---|
| **Favourite toys / activities** | |

**HANDLING**

**My dog is happy to be:**

☐ Groomed ☐ Touched ☐ Picked up

☐ Collar held ☐ Harness fitted ☐ Feet touched

☐ Ears checked ☐ Mouth checked ☐ Nails touched

| | |
|---|---|
| **Anything your dog dislikes** | |

**REST & EXERCISE**

| | |
|---|---|
| **Exercise level** | ☐ Low ☐ Moderate ☐ High |
| **Exercise / mobility restrictions** | |
| **Rest / sleep requirements** | |

| | |
|---|---|
| **Preferred resting place** | ☐ Bed ☐ Crate ☐ Sofa ☐ Quiet area ☐ Anywhere |



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**4. Feeding, Enrichment, Water, Neutering & Dogs in Season**

| **FEEDING & TREATS** | |
|---|---|
| **Meals required during day care** | ☐ Yes ☐ No |
| **Food / type / amount / time** | |
| **Special / prescription diet** | ☐ No ☐ Yes — Details: |
| **Treats allowed** | ☐ Yes ☐ No |
| **Foods / ingredients to avoid** | |
| **Food / resource guarding concerns** | |

Dogs requiring a specific feed due to a medical condition will be fed separately.

**EXERCISE, PLAY & ENRICHMENT**

☐ Group play ☐ One-to-one play ☐ Scent work ☐ Puzzle activities ☐ Training games

☐ Agility / climbing ☐ Digging / sand pit ☐ Ball pit ☐ Fetch / toys ☐ Quiet cuddles

Activities will be adapted according to each dog's age, health, physical ability, temperament, confidence and welfare needs.

**WATER PLAY**

☐ FULL — Supervised pool / water play

☐ PADDLING ONLY — Shallow supervised water play

☐ NO — No pool or water-play activities

| | |
|---|---|
| **Restrictions / fears** | |

**NEUTERING & ENTIRE DOGS**

☐ Male — neutered ☐ Female — spayed

☐ Puppy / young dog not yet neutered / spayed ☐ Adult entire male

☐ Other arrangement agreed:

Young unneutered male dogs may attend subject to individual assessment and suitability.

Adult unneutered males may also be considered. Where appropriate, male-only days may be offered, subject to availability and the suitability of the dogs attending.

**Every dog will be assessed individually. Continued attendance will depend on behaviour, welfare and our ability to safely manage the dog within the day-care environment.**

## FEMALE DOGS IN SEASON

Female dogs in season may be accommodated where their individual needs and the other dogs attending can be safely managed.

We will manage dogs in season to the best of our ability, including separation or adjustment of groups where appropriate.

Where a season causes significant behavioural changes or affects the safe management or welfare of the dog or other dogs attending, alternative arrangements may be required.

Owners must inform The Dog Lounge as soon as they become aware that their dog is in season or showing signs that a season may be starting.

☐ **I understand and agree to the above requirements.**



**5. Emergency Care, Collection, Photography, Trial & Owner Agreement**

## EMERGENCY VETERINARY CARE

☐ I authorise The Dog Lounge to seek emergency veterinary treatment if reasonably necessary.

☐ I authorise The Dog Lounge to transport my dog to my usual veterinary practice or, where unavailable or inappropriate, another suitable veterinary or emergency service.

☐ I understand reasonable attempts will be made to contact me first unless delay could compromise my dog's welfare.

☐ I authorise appropriate temporary secure restraint where reasonably necessary for emergency transport, medical treatment or welfare management.

| | |
|---|---|
| **My dog has difficulties with crates / restraint** | ☐ No ☐ Yes — Details: |

| AUTHORISED COLLECTION | | |
|---|---|---|
| **Name** | **Relationship** | **Telephone** |
| | | |

**PHOTOGRAPHY, VIDEO & CCTV**

☐ Daily updates ☐ social media ☐ Website / marketing ☐ Staff training ☐ None

CCTV operates at The Dog Lounge for specified security, safety, welfare and incident-management purposes. Further information is contained within The Dog Lounge Privacy Notice.

| TRIAL DAY ASSESSMENT | |
|---|---|
| Trial Day Package Fee | £30 |
| Trial Day Assessment | Approximately 2 hours |

The trial allows us to assess your dog's behaviour, temperament, confidence, social interaction, welfare and suitability for group day care.

The £30 fee covers your dog's Trial Day Assessment and, following a successful assessment, their next booked full day of day care, up to a maximum of 9 hours in total.

☐ I understand that completing a Trial Day does not guarantee acceptance or continued attendance.

**FINAL OWNER DECLARATION & AGREEMENT**

**Please tick each box before signing.**

☐ I confirm that the information I have provided is complete and accurate to the best of my knowledge.

☐ I have disclosed relevant medical conditions, medication, allergies, behaviour concerns, aggression, bites/attempted bites, resource guarding, fears and previous serious incidents.

☐ I have provided current vaccination evidence.

☐ I will promptly inform The Dog Lounge of relevant changes to my dog's health, medication, behaviour, vaccinations or reproductive status.

☐ I understand that normal canine behaviours and minor accidental injuries cannot be completely eliminated despite appropriate supervision and risk management.

☐ I agree to follow drop-off, collection and car-park safety requirements and keep my dog securely on a lead between my vehicle and the premises.

☐ I confirm that I have been provided with, or given access to, The Dog Lounge Customer Policy Pack, Terms & Conditions and Privacy Notice, and agree to the applicable requirements.

☐ I understand that continued attendance is subject to my dog's ongoing suitability and that The Dog Lounge may refuse, suspend or reassess attendance where reasonably necessary to protect health, safety or welfare.

☐ I have had sufficient opportunity to read the information, ask questions and request clarification before signing.

| **OWNER AGREEMENT** | |
|---|---|
| **Owner name** | |
| **Dog(s) name(s)** | |
| **Owner signature** | |
| **Date** | |
| **FOR THE DOG LOUNGE** | |
| **Trial Outcome** | ☐ Accepted ☐ Further Assessment ☐ Not Suitable |
| **Restrictions / Individual Care-Plan Notes** | |
| **Checked by** | |
| **Staff signature** | |
| **Date** | |



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